INDEX OF SURGICAL PROGRESS.

GENERAL SURGERY.

I. On a Revision of the Teachings Regarding Major Operations (Amputations) for Diabetic Gangrene. By Prof. KONIG (Göttingen). The principles governing the practice of German surgeons in such cases may be summarized as follows: In diabetics there is a greater disposition to inflammatory and necrotic inflammatory processes than in the healthy. These processes originate and spread by microbes just as in other cases, only that here these organisms doubtless find a more favorable material and the tissues more readily become necrotic. By French surgeons and by Roser it has been pointed out that necrotic processes occur more frequently even in diabetics still apparently strong and without thirst or polyuria. In all cases where spontaneous or even post-traumatic phlegmonous and gangrenous processes develop, the urine should be examined for sugar. This rule does not overlook the later recognized fact (Reclard, 1886) that in such conditions sugar and albumin may be present transitorily. According to Roser inflammation and necrosis in diabetics must first be treated constitutionally. The question of such larger operations on diabetics, as amputation for gangrene is a difficult one for the surgeon. The general plan has been to avoid them as long as symptoms of diabetes continue. General antidiabetic and local antiseptic treatment suffices in some, but in severe cases the trouble often ends fatally. In such a case last year K. concluded to risk amputation and saved a gouty old man (of 70 years) with gangrene of the leg. This began at the little toe and, extending to the ankle, led to suppuration, increase of sugar in urine (from 2 to 4%), loss of appetite and flesh, coma, etc.

As the patient was in an exhausted condition constriction was employed. Rapid amputation at middle of leg. Very extensive arterio

sclerosis with calcification of numerous small arteries was found. By the next day sugar had disappeared from the urine and the apathetic condition had passed off. The wound remained aseptic; appetite returned. Diet was continued and the patient was discharged in eight weeks with no sugar in his urine. Later, however, despite antidiabetic regimen, sugar was again found in the urine.

A second case was that of a well-nourished brewer æt. 40, Phlebitis of left leg two years previously. Thirst and loss of flesh for nine months. Gradual development of gangrene of left big toe, with consequent phlegmons of the foot. Loss of appetite, continuous hiccough, low fever. The urine contained 4% sugar and a trace of albumin. Despite careful general local treatment the patient grew worse, although the sugar diminished to $2^1/_2\%$.

Operation as in the previous case. In four days the sugar had disappeared from the urine, and other morbid symptoms were no longer present. Discharged cured in six weeks. Here also the same arterial changes were found as before. Six months later the urine contained no sugar.

He concludes from these cases that in diabetic gangrene where, despite antidiabetic and local antiseptic treatment, the general and local symptoms do not improve and further waiting involves danger to the patient, we should try to save life by a radical operation—usually an amputation—executed with the most scrupulous attention to antisepsis.—*Centbl. f. Chirg.* 1887. No. 13.

WM. BROWNING (Brooklyn).

II. Treatment of Erysipelas by Ichthyol. Von Nussbaum states that erysipelas may be healed quickly and without pain by the use of ichthyol. The wound attacked by erysipelas was disinfected and covered closely with iodoform gauze. The erysipelatous surface, while still spreading, was painted with ointment made of equal proportions of ichthyol and vaseline. The part thus painted was covered with 10% salicylic lint, and fixed with a gauze bandage. Next day the border was found to have remained stationary, while the inflamed surface was shrunken into yellowish-brown creases, and was painless. After three days the dressing was discontinued, as it began to